

Guidelines for Contributors

1. Scope and editorial policy

1.1 Content. The *Bulletin's* mission is “to publish and disseminate scientifically rigorous public health information of international significance that enables policy-makers, researchers and practitioners to be more effective; it aims to improve health, particularly among disadvantaged populations”. The *Bulletin* welcomes unsolicited manuscripts, which are initially screened in-house for originality, relevance to an international public health audience, and scientific rigour. Manuscripts passing the initial screening are sent for peer review. After the reviews have been received, a decision on the manuscript’s acceptability for publication in the *Bulletin* is made by the Editorial Committee. Accepted papers are subject to editorial revision, including shortening of the text and omission of tables and figures if appropriate. The word limits shown below do not include the abstract (where applicable), tables, figures, and references. The principal sections of the *Bulletin* are as follows.

1.1.1. Unsolicited manuscripts

Research, and Policy and Practice papers must be accompanied by two paragraphs indicating what they add to the literature:

- Paragraph 1: a brief explanation of what was already known about the topic concerned.
- Paragraph 2: a brief outline of what we know as a result of the study.

Research. Methodologically sound primary research of relevance to international public health. Formal scientific presentations of not more than 3000 words, with a structured abstract (see below, 2.8) and not more than 50 references; peer reviewed. Reports of randomized trials must conform to CONSORT guidelines (available from: URL: <http://www.consort-statement.org/>).

Policy and Practice. Reviews, debates, or hypothesis-generating articles; not more than 3000 words with a non-structured abstract (see below, 2.8) and not more than 50 references; peer reviewed.

Perspectives. Views, hypotheses, or discussions (with a clear message) of an issue of public health interest; up to 1500 words, no references.

Letters. Useful contributions referring to something published recently in the *Bulletin*; 400–850 words, maximum 6 references. Letters are also edited and may be shortened.

1.1.2. Commissioned manuscripts

Editorials. Authoritative reviews, analyses, or views of an important topic, related to the month’s theme or a topical subject; not more than 850 words, maximum 12 references.

Commentaries. Explanatory or critical analysis of an individual article; not more than 800 words, maximum 12 references.

Public Health Reviews. Evidence-based review articles that focus on an important aspect of a particular disease or public

health policy. Not more than 3000 words with a non-structured abstract (see below, 2.8) and not more than 50 references; peer reviewed.

Round Tables. Consist of a base article on a controversial subject of current public health importance (not more than 2000 words, with an abstract) and a debate on it by about four discussants, who are invited to contribute not more than 500 words each.

Public Health Classics. A landmark public health article or publication is reproduced, accompanied by a commentary of up to 1500 words.

Reviews of Books & Electronic Media. Reviews of a book, web site, film, play, CD-ROM, etc., of public health interest; 400–800 words, no references.

1.2 Ethical issues. The World Health Organization publishes the results of research involving human subjects only if such research has been conducted in full accordance with ethical principles, including the provisions of the World Medical Association Declaration of Helsinki (as amended by the 52nd General Assembly, Edinburgh, Scotland, October 2000; see: <http://www.wma.net/e/policy/b3.htm>) and the additional requirements, if any, of the country in which the research was carried out. Any manuscript describing the results of such research that is submitted for publication must contain a clear statement to this effect, specifying that the free and informed consent of the subjects or their legal guardians was obtained and that the relevant institutional or national ethical review board approved the investigation. The *Bulletin* is a member of the Committee on Publication Ethics (COPE; see: <http://www.publicationethics.org.uk>). Issues involving publication ethics may be referred to this committee by the editors.

1.3 Conflicts of interest. A conflict of interest arises when a professional judgement concerning a primary interest (such as a patient’s welfare or the validity of the research) tends to be unduly influenced by financial gain or other self-interested motive which may be at odds with professional obligations. Authors should disclose at the time of submission information on financial conflicts of interest that may influence the manuscript. They may also choose to declare other interests that could influence the results of the study or the conclusions of the manuscript (e.g. employment, family relationships, academic links, political or social interest group membership, deep personal conviction). For further information, see: <http://www.icmje.org/sponsor.htm>.

1.4 Funding. Authors should declare sources of funding for the work undertaken.

1.5 Reprints. Reprints of contributions are not produced; a print copy of the issue will be sent to the corresponding author of each contribution, and a pdf file can be supplied on request or may be downloaded from the *Bulletin* web site (<http://www.who.int/bulletin/>).

2. Preparation and submission of manuscripts

2.1 Correspondence. Manuscripts should be submitted to the *Bulletin of the World Health Organization* via our submissions web site (<http://submit.bwho.org/>), where full information is given. Queries about online submissions should be sent to the following email address: bulletin.submit.ask@who.int. Authors who experience difficulties in using the online submission system should seek instructions by contacting the Editorial Office, *Bulletin of the World Health Organization*, World Health Organization, 1211 Geneva 27, Switzerland (fax: +41 22 791 48 94; email: bulletin@who.int; or through our web site: <http://www.who.int/bulletin/>).

2.2 Uniform requirements. Papers should be prepared in accordance with the fifth edition of the Uniform Requirements for Manuscripts Submitted to Biomedical Journals established by the Vancouver Group (International Committee of Medical Journal Editors, ICMJE), originally published in *New England Journal of Medicine* 1997;336:309-15. The complete document, updated October 2001, appears at <http://www.icmje.org/index.html>.

2.3 Languages. Papers should be submitted in English. The *Bulletin* is published in English; the abstracts and keywords of main articles are translated into Arabic, French and Spanish. Authors who have difficulty in preparing their manuscript in English should contact the Editorial Office for advice.

2.4 Authorship. Authors should give their full names, the name and address of their institutions, and an exact description of their posts. In accordance with "Uniform requirements" of the Vancouver Group (see above, 2.2), each author should have participated sufficiently in the work being reported to take public responsibility for the content; each author should provide a description of his or her contribution to the work being reported. The full postal and email address of the contacting author will be published unless otherwise requested.

2.5 Copyright. Papers should be accompanied by a statement that they have not already been published and are not being considered for publication elsewhere and that, if accepted for publication in the *Bulletin*, they will not be submitted for publication elsewhere without the agreement of the World Health Organization. If a manuscript is accepted for publication, the author(s) will be asked to sign a statement granting exclusive licence to the World Health Organization. A copy of the statement is available on the *Bulletin* web site (<http://www.who.int/bulletin/>). Authors are responsible for obtaining permission to reproduce in their articles any material enjoying copyright protection. The letter granting such permission should be sent to the Editorial Office.

2.6 Footnotes. Use of footnotes in the text is not encouraged, but if they are used all links inserted by the automatic footnote facilities of word-processing software must be removed.

2.7 Tables and figures. The tables and figures should be used only if they enhance understanding of the text; the same

data should not be presented in both tables and graphs. In the text, tables and figures should be referred to by number (e.g. Table 1, Fig. 3) and should be numbered consecutively and presented on separate pages with clear, concise titles. They should be grouped in sequence at the end of the text and not incorporated into the text. Abbreviations or acronyms should be avoided but if used must be explained. Tables should not contain vertical rules. Graphs or figures, which should be presented in two-dimensional and not pseudo three-dimensional "perspective" format, should be clearly drawn and all the data identified.

2.8 Abstracts. Abstracts, which should be clearly written and serve as an "appetizer", should be provided for the following types of articles: Research, Policy and Practice, base articles for Round Tables, and Public Health Reviews. The abstract, which should not exceed 250 words, is printed at beginning of the paper in English and is translated into Arabic, French and Spanish for publication at the end of the article. For Research articles the abstract should be structured: Objective, Methods, Findings, Conclusion.

2.9 Keywords. The abstract should be followed by a maximum of ten keywords or short phrases to assist indexers in cross-referencing the article. Terms from the medical subject headings (MeSH) list of *Index Medicus* (US National Library of Medicine, NLM) can be consulted at <http://www.nlm.nih.gov/mesh/meshhome.html>. The Arabic, French and Spanish equivalents will also be included.

2.10 Bibliographic references. Authors are responsible for the accuracy of all references, which should be verified at: <http://www.ncbi.nlm.nih.gov>: these are not checked by the editor. References should be numbered consecutively as they occur in the text (in italic type in roman parentheses, preferably at the end of a sentence) and listed in numerical order at the end of the text. All links inserted by the automatic endnote facilities of word-processing software must be removed. The *Bulletin* adheres closely to the Vancouver style of references (see Uniform Requirements for Manuscripts of the International Committee of Medical Journal Editors, *Annals of Internal Medicine* 1997;126:36-47; <http://www.icmje.org/index.html> updated October 2001). The first six authors of a work should be named, followed by ", et al." if there are more than six. Adoptions of the Vancouver recommendations to *Bulletin* house style are as follows:

- titles of books are italicized; the first word of the title has an initial capital letter;
- titles of journals are spelled out in full and italicized; all main words have an initial capital letter;
- titles of articles not in English are followed by a translation in square brackets; the reference is followed by "In [original language]".

2.11 Maps. Use of maps should be avoided, but should their use be necessary authors are requested to use the relevant UN-approved maps, which can be downloaded from: <http://www.un.org/Depts/Cartographic/english/htmain.htm>. ■